

I, the undersigned, do certify and attest to all of the following:

I have had access to a printed or electronic copy of the *Professional Assessment & Accountability Practices for Educators* as published by the Office of Educational Assessment and Accountability of the Michigan Department of Education; and

I have read the sections applicable to assessment security, preparation, and administration; and

I have read the section regarding the duties and responsibilities of my role in the assessment process; and

I have followed the practices as they relate to my role in the current assessment.

Note: Use a No. 2 Pencil **ONLY**.



Date: _____

Signature: _____

Printed Name: _____

Note: An electronic copy of the *Professional Assessment & Accountability Practices for Educators* is available on the World Wide Web at <http://michigan.gov/oeaa>. For further information, contact the Michigan Department of Education, Office of Educational Assessment and Accountability, 608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909, call toll-free 1-877-560-8378.

1. District					2. School				
1	2	3	4	5	1	2	3	4	5
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

3. MI-Access Role Mark ALL that apply.

- | | |
|--|---|
| <input type="radio"/> District Coordinator | <input type="radio"/> Proctor |
| <input type="radio"/> School Coordinator | <input type="radio"/> Accommodations Provider |
| <input type="radio"/> Assessment Administrator | <input type="radio"/> Other |

4. Information Box

PLEASE PRINT—Use full names.

School Name: _____

District Name: _____

If any needed information is not preprinted, follow the directions below.

Directions

TO COMPLETE:

1. Use a No. 2 Pencil **ONLY**. Print the **DISTRICT** code. Enter leading zeros if necessary (for example, "01234"). Mark the corresponding bubbles. (Note: District Coordinators mark district code only; skip Step 2.)
2. Print the **SCHOOL** code. Enter leading zeros if necessary (for example, "01234"). Mark the corresponding bubbles.
3. Mark all corresponding bubble(s) next to your role(s) in the MI-Access assessment administration process (for example, District Coordinator, School Coordinator, etc.).
4. In the area under **Information Box**, district coordinators print district name. All others print school name and district name on the lines provided.

TO RETURN:

Return the *MI-Access Security Compliance Form* as directed in the *MI-Access Coordinator and Assessment Administrator Manual*.